## APPLICATION FOR THE

# 2010-2011 NEAR EAST & SOUTH ASIA UNDERGRADUATE EXCHANGE PROGRAM

# **APPLICATION DEADLINE:**

December 22<sup>nd</sup>, 2009

Please submit your applications and supporting documentation to the U.S. Embassy Tripoli in Ben Ashour, on Jeraba Street, behind the Libyan Swiss Clinic



A program of the Bureau of Educational and Cultural Affairs U.S. Department of State



Provide all answers in English.

NAME Print your name clearly	exactly as it ap	pears on your passpo	ort.				
Last			First	Middle			
Indicate any other spelling(s) or name(s) you use:			Affix two color Passport (2 x 2 inches) photographs here:				
HOME COUNTRY CO	ONTACT INF	ORMATION					
Permanent mailing addr	ess in your hom	e country:					
Home telephone:			Mobile telephone:				
Fax number:			_ E-mail address: _				
PERSONAL DATA A	ND PASSPOR	T MATERIALS					
Gender: Male	Female		nth/Day/Year	City Country			
Country of permanent legal residence:			Country of	citizenship:			
Provide a clear photoc	opy of the pho	to/data information	page of your current	passport.			
EMERGENCY CONT Provide the names and c			ho should be notified ir	n case of an emergency.			
In the United States:							
	Name	Relatio	onship to you	Street Address			
City	State	ZIP Code	Telephone Number	E-mail address			
In your home country:	Name	Relatio	onship to you	Street Address			
City	State and/or (	Country	Telephone Number	E-mail address			



NA	ME (print your name/country):	COUNTRY:
FII	ELD OF STUDY	
Ma	jor Field of Study:	
Mi	nor Field of Study (if applicable):	
Na	me of university (if currently enrolled): _	
Lev	vel of coursework you will have complete	ed by July/August 2009 (please check one below):
	Final year of Secondary School 1st y	year undergraduate study $\square$ 2 <sup>nd</sup> year undergraduate study $\square$ 3 <sup>rd</sup> year undergraduate study
Ide		e writing letters of recommendation on your behalf. At least one should be from your ple who are familiar with your academic and personal qualities.
1.	Name:	Title:
	Mailing address:	
	Telephone number:	E-mail address:
2.	Name:	Title:
	Mailing address:	
	Telephone number:	E-mail address:
3.	Name:	Title:
	Mailing address:	
	Telephone number:	E-mail address:



NAME (print your name/country):			COUNTRY:			
	DEMIC SCHOLARSHI ships, academic awards o		hat you have	received and the year	received:	
nstitution(s) at whicorovide pertaining	formation about all the each you are presently enro to your completed stud	lled. See A	Application I	nstructions for info	and, if applicable, inform	nentation you r
Institution Name (No	Institution Location (City, Country)	MN	Attended I/YY –	Major Field of Study	Degree Received and Date Received*	Grade Point Average**
abbreviations) Primary School:		From:	M/YY To:			
Secondary School:		From:	To:			
Post-Secondary Education: University)		From:	To:			
* Identify the name o	of your degree by the wo	ord used at	the institution	n that will award/awa	rded the degree. If you ha	ve not yet recei
** Indicate your Gra	dicate the date (month and Point Average (GPA) cational system's equiva	) according			on at which you studied. D	o not convert ye
Explain any gaps in	your education:					



Where studied: ate your abilities as Excell ability Wr	lent, Good, or Fair):		ng Ability
Where studied: ate your abilities as Excell ability Wr	lent, Good, or Fair):	Speakir	
ate your abilities as Excell  Ability Wi	ent, Good, or Fair):	Speakir	
Ability Wi	riting Ability	Speakin	ng Ability
			ng Ability
Date taken or to be taken	1	Score	
Date taken or to be taken	1	Score	
Date taken or to be taken	1	Score	
Date taken or to be taken	1	Score	
with this application.			
or other officer in any ins	stitution or activity,	please note that a	
		From:	То:
		From:	To:
		From:	To:
		From:	To:
	or other officer in any ins	hobbies or cultural activities in which you ha	hobbies or cultural activities in which you have participated r or other officer in any institution or activity, please note that  Type of Activity  Dates of MM/Y  From:  From:



NAME (print your name/country):COUNTRY:	
PHYSICAL CHALLENGES/DISABILITIES  Describe any physical disabilities you might have. If you require any special equipment or medical treatment as a result of the phydisabilities, please describe it. This information is gathered for statistical purposes and to ensure appropriate placement. The program does not discriminate on the basis of race, color, religion, gender, national origin, and/or physical disabilities.	
FAMILY BACKGROUND Complete the following regarding your family:	
Father's Name:	
Father's Employment:	
If employed or retired, Occupation:	
Highest level of education attained:	
☐ None ☐ Number of primary school years ☐ Number of secondary school years	
☐ Secondary Diploma ☐ Bachelor Degree ☐ Masters Degree ☐ Ph.D.	
Mother's Name:	
Mother's Employed	
Highest level of education attained:	
☐ None ☐ Number of primary school years ☐ Number of secondary school years	
☐ Secondary Diploma ☐ Bachelor Degree ☐ Master Degree ☐ Ph.D.	
Number of siblings in your immediate family: Number of brothers: Number of sisters:	
How did you find out about NESA UGRAD? Check all that apply.	
☐ The American Embassy Advising Office or other Embassy contact	
☐ From a friend ☐ From a relative ☐ From a teacher or professor	
From an advertisement or notice (specify the source):	
Other (specify how):	



## **NESA UGRAD 2010-2011 Application Form**

A program of the Bureau of Educational and Cultural Affairs, U.S. Department of State

### **ESSAY: Personal Statement**

350 – 500 words, typed on separate sheets of paper attached to application.

Provide a clear and detailed description of:

- · Yourself in terms of interests and personality,
- Your academic objectives,
- Your goals in terms of your field of study and personal development, and
- The reasons why you wish to pursue them in the U.S.A. and type of program you hope to pursue and how it relates to your interests and future objectives.

The essay is an essential part of the selection process and of your application for placement into an appropriate host institution. Be sure to include any details that highlight your personality and interests.

## **SIGNATURE**

Signature:

By my signature, I certify that, to the best of my knowledge, the information provided in my application is accurate and complete, and that I intend to return to my home country upon completion of my studies in the United States. I also authorize any school or university which I have attended or will attend to release my transcripts and any report to the designated placement agency.

Date:

CHECKLIST FOR COMPLETE APPLICATION: Before submitting your application to the address on the front page, please be sure you have included all of the following REQUIRED components:
Completed, signed NESA UGRAD application form Personal statement in English, 350-500 words, typed Copy of the data/photo pages of your passport
Official transcripts (translated) for years of university study (or secondary study for those not in university yet)Three letters of recommendationTOEFL® or ITP TOEFL® (or similar exam) score report
Tobal 20 of TTT Tobal 20 (of shimled chain) score reportTwo passport-size photos